

**State of Nevada**  
**Department of Business and Industry**  
**Nevada Transportation Authority**

**Request to Temporarily Discontinue Service**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

CPCN: \_\_\_\_\_

In accordance with NRS 706.341, the above named certificate holder would like to temporarily discontinue service, from \_\_\_\_\_ to \_\_\_\_\_.  
(Not to exceed 6 months)

This request is due to: \_\_\_\_\_

**OPERATIONS CONDUCTED BY THE REQUESTING CERTIFICATE HOLDER MUST CONTINUE UNTIL THE NEVADA TRANSPORTATION AUTHORITY ISSUES AN ORDER GRANTING A TEMPORARY DISCONTINUANCE OF SERVICE.**

If you wish to resume operations prior to the end date of this request, you must first notify the Nevada Transportation Authority in writing, stating the date you intend to begin service, and provide proof of current insurance, and current tariffs, if applicable.

\_\_\_\_\_  
Signature of Certificate Holder

\_\_\_\_\_  
Printed name of Certificate Holder

\_\_\_\_\_  
Phone number                      Fax number

**Submit both pages of this Request to:**

Nevada Transportation Authority  
2290 South Jones Boulevard  
Suite 110  
Las Vegas, NV 89146

If you have any questions, please contact us at 702-486-3303, extension 400.

## OATH

STATE OF \_\_\_\_\_}

COUNTY OF \_\_\_\_\_}

I, \_\_\_\_\_, being duly sworn, state that I file this application as (indicate relationship to applicant, i.e. owner, title as officer, etc.) \_\_\_\_\_; that, in such capacity, I am qualified and authorized to file and verify such application; that I have carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of my knowledge, information, and belief. Affiant further states that the application is made in good faith, and presents evidence in support of said application on every particular requested by the Nevada Transportation Authority.

\_\_\_\_\_  
Signature of Affiant

Subscribed to and sworn before me on this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Attorney, if any

Mailing address of applicant:

\_\_\_\_\_  
\_\_\_\_\_

Mailing address of attorney:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_